



# MEMBERSHIP APPLICATION

409 Hood Boulevard, Fairless Hills, PA 19030  
P 215-943-7400 F 215-943-7404  
www.LBCCC.org

**Mission Statement:** *The Mission of the Lower Bucks County Chamber of Commerce is focused on the advancement of its members through programs to **EDUCATE** on topics relevant to business, to provide opportunities to **NETWORK**, and to **ADVOCATE** on areas impacting business.*

## Company Information

Company Name: \_\_\_\_\_ Established Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_

Main Email: \_\_\_\_\_ Main Website: \_\_\_\_\_

\*Business Category: \_\_\_\_\_ Minority/Women-Owned: \_\_\_\_\_

\*See list of categories on the online Membership Directory.

## Member Designee Information

Member Designee: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Member designee is the individual vested with general membership voting rights and the authority to decide its representative should that Member be nominated to serve on the Board of Directors. Designee will be the point person for purpose of receiving all notices under the bylaws.

## Employee Count/Contact Information

Employee Count: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ = TOTAL (2 part-time = 1 full-time) \_\_\_\_\_

Based on the paid membership dues investment, all employees are considered members of the Chamber. By providing the information below, your employees will receive all related Member correspondence and Member pricing/discounts.

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Young Professional (40 & under): Y/N

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Young Professional (40 & under): Y/N

Please attach or email any additional employees with name, title, email, phone number and Young Professional designation.

## Additional Information

Do you wish to offer a discount to other Members? If so, please provide Member Discount Offered: \_\_\_\_\_

How did you hear about us: Event Website Social Media Newspaper Outlook Magazine

Referred by: \_\_\_\_\_ Other: \_\_\_\_\_

Reason for joining: Networking Professional Development Legislative Action Discount Programs Other: \_\_\_\_\_

The above signed business or organization applies for membership in the Lower Bucks County Chamber of Commerce (LBCCC) and certifies that the information contained on this application is accurate and complete. The business or organization agrees to abide by the Bylaws and procedures of LBCCC and understands that membership is renewed annually on the anniversary date. The company understands that the business will hold membership and may change at will its designee with five (5) day written notice to the Chamber President or Chairman of the Board.

In the event of a terminated membership, any use of LBCCC's name or reference to LBCCC will be discontinued. I also understand that any information on this application may be used for LBCCC press releases and other communication. I have enclosed a check made payable to "LBCCC" or charged by credit card for the appropriate annual investment and understand that this investment is non-refundable.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# ANNUAL MEMBERSHIP DUES INVESTMENT

**Investment Structure:** The below dues structure is based on the **total** employee count for your locations that desire LBCCC membership (2 part-time = 1 full-time employee). Each new membership incurs a \$35 one-time processing fee upon joining.

**Company Listing:** Each company is entitled to one listing in the LBCCC online directory. Additional listings are available for just \$100 annual fee (for locations included in your total employee count) per location.

**Representative Listing:** Each company is entitled to one representative listing that includes employee's name, address and website. If a company would like to list more representatives at that location, there will be a \$35 fee per five additional representative.

**Enhanced Online Listing (optional):** Includes a Full Color Logo, Color Background, 50-Word Description and up to four Social Media Links for \$125 annually

**Additional Business Categories (optional):** Get visibility in all areas of products/services you provide by being listed under additional business categories at just \$25 per additional category (maximum of four), annually.

# of Employees	Amount	Non-Profit (501c3)
1-2	\$295	\$265
3-5	\$345	\$310
6-10	\$440	\$395
11-30	\$495	\$445
31-50	\$710	\$640
51-100	\$950	\$855
101-200	\$1125	\$1010
201-400	\$1275	\$1190
401-600	\$1600	\$1440
601-800	\$1900	\$1710
801-1000	\$2390	\$2150
>1000	Contact Our Chamber Office	

Restaurants \$335    Municipalities/School Districts \$295    Retired Members (with no business affiliation) \$75

## Enhance Your Online Listing!

- Full Color Logo
- Color Background
- Social Media Links (4 maximum)
- 50-Word Description

# Only \$125

**Annual Dues Investment Amount:** \$ \_\_\_\_\_

+ **\$35 One-Time Processing Fee**

+ \$125 Enhanced Online Listing *(optional)*

+ \$ \_\_\_\_\_ # \_\_\_\_\_ **Additional Category Listings @ \$25 each**  
*(optional, max. 4)*

**Total Dues Amount:** \$ \_\_\_\_\_

### ADDITIONAL CATEGORIES

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

4.) \_\_\_\_\_

## Payment Options

I authorize the LBCCC for the following automatic recurring dues investment:

- Annual automatic recurring dues
- Quarterly automatic recurring dues (present payment plus 3 automatic quarterly payments, noncancellable for one year)

Please provide your credit card information below. Payments will be renewed automatically until written notice of cancellation is provided prior to membership anniversary due date. Prorating and refunds are not available.  
 \*Your receipt and notices of renewals will be sent only to the email address you give us. Please ensure that it is correct and kept current.

Name on Card: \_\_\_\_\_ Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Visa     Mastercard     American Express    Credit Card # \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-or 4-Digit Security Code: \_\_\_\_\_